

Harford County Substance Abuse Treatment System: Results and Recommendations

Presentation to
The Harford County Board of Health
October 9, 2007

Analysis Team

- Formed February, 2007
- Response to public concerns about Harford County Health Department's substance abuse treatment services

Analysis Team Members

1. Harford County Core Service Agency:
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2. Harford County Mental Health, Alcohol and
Drug Abuse Advisory Council:
Fred Hatem, Esq.
3. Maryland Alcohol and Drug Abuse
Administration:
Dr. Peter Luongo and Susan Jenkins
4. Johns Hopkins School of Medicine:
Dr. Yngvild Olsen

May, 2007

- Report provided to Board of Health on status of substance abuse treatment at Health Department
 - Work still needs to be done but culture has shifted
 - Clinical operations are going well and patients are receiving needed care

Long-term Goal



Provide recommendations on best structure for substance abuse treatment system in Harford County supported by public funds

Methods

- Collect data
- Study health department's addiction services
- Interview stakeholders
- Look at other county models/systems
- Learn about private sector treatment services

Impact of Substance Abuse on Harford County

- From 2005 and 2006:
 - Narcotics arrests increased 15% (972 to 1,115)
- In 2005, 37% of all fatal vehicle crashes were alcohol-related
- During school year 2004-2005:
 - 30% of 12th graders had used a drug other than alcohol or tobacco in past month
- At 16.7%, Harford County has state's highest estimated percentage of adults binge drinking

Treatment Works

- Reduces arrest rates
- Increases employment
- Improves individual and family health
- For every \$1 spent on substance abuse treatment, society saves \$7

Scope of Problem

- Estimated 15,000 Harford County residents with active substance abuse problem
- About 70% (10,500) of these individuals need treatment
- FY06: 2,044 residents received treatment for substance abuse problems
- Unmet need for treatment is 7,000-8,000 people!

The Public System's Role

- About 50% of treated individuals receive care in public system
- Harford County Health Department provides approximately 80% of publicly funded substance abuse treatment

Who is getting treatment in publicly funded system?

- 47% of women
- 91% of adolescents
- 62% of African-Americans
- 64% of individuals with mental health problems
- 58% of those without employment
- 56% of Medicaid or Medicare recipients
- 60% of those frequently involved in criminal justice system*

Capacity of Publicly Funded System

- Occupancy of outpatient treatment slots* for 1st quarter FY08 = 90-98%
- September, 2007: 448 people in treatment (92% occupancy rate)
- FY07: Health Department provided assessment and residential treatment funding for 48 people costing \$239,000

*State regulates counselor to client caseloads

Other Challenges

- Health Department addiction services located in 5 separate locations
 - Creates physical barriers to care
 - Inefficiencies in staffing
 - Barrier to valid data collection and management
- Inadequate funding
 - Joint Chairmen's Report, 2003: Harford County's public substance abuse treatment system underfunded by \$1 million

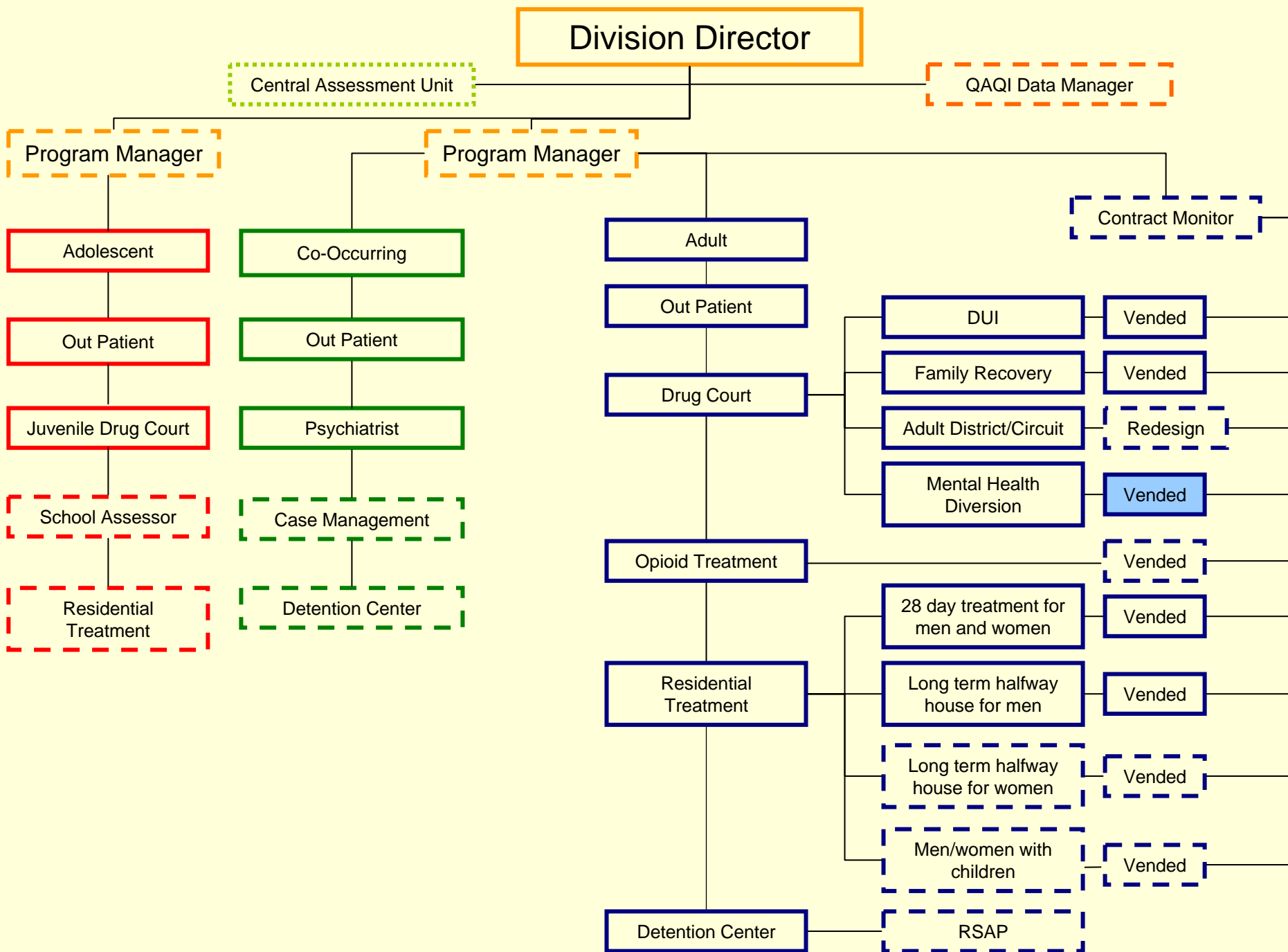
Other Challenges

- Work-force shortage
 - Aging counselor population
 - Lack of reciprocity with other states for licensed counseling professionals
- Gap for Medicaid/Medicare recipients
 - Few private providers accept Medicaid/Medicare because of low reimbursement rates and paperwork burden

Summary of Findings

1. Large unmet treatment need
2. Public system plays large role in substance abuse treatment
3. Health Department is significant source of addiction treatment for vulnerable groups
4. Capacity of Health Department reaching limit
5. Significant structural, funding, and work-force barriers exist

Recommendations



Division Director

Central Assessment Unit

QA/QI Data Manager

Program Manager

Program Manager

Contract Monitor

Adolescent

Co-Occurring

Adult

Out Patient

Out Patient

Out Patient

Juvenile Drug Court

Psychiatrist

Drug Court

School Assessor

Case Management

DUI

Vended

Family Recovery

Vended

Adult District/Circuit

Redesign

Mental Health
Diversion

Vended

Residential
Treatment

Detention Center

Opioid Treatment

Vended

28 day treatment for
men and women

Vended

Long term halfway
house for men

Vended

Long term halfway
house for women

Vended

Men/women with
children

Vended

Residential
Treatment

Detention Center

RSAP

Phase 1

Phase 2

Phase 3

Phase 4

Funded through Mental Health System

PHASE 1

Phase 1 Tasks	Month 1 October 2007	Month 3 December 2007	Month 5 February 2008	Month 7 April 2008	Month 9 June 2008
	Hire leadership and establish data management system				
	Competitively procure opioid dependence treatment				
	Juvenile drug court linkage project				
	Hire school assessor				
	Re-design RSAP				
		Restructure half-way house funding			
		Develop central assessment unit			

PHASE 2

Phase 2 Tasks	Month 1 October 2007	Month 3 December 2007	Month 5 February 2008	Month 7 April 2008	Month 9 June 2008
			Re-design treatment component of adult drug court program		
			Develop contract and quality assurance monitoring capacity		
			Consolidate program space		
		Begin developing business plan for adolescent residential treatment Step 1: Identify funds for existing residential treatment Step 2: Proposal for residential treatment in Harford County			

PHASES 3 AND 4

	Fall 2008	Winter 2008	Spring 2009
Phase 3 Tasks	Develop co-occurring track a. Outpatient and in detention center b. Includes seeking funding from Bureau of Justice Assistance		
Phase 4 Tasks			Establish residential treatment capacity for families
			Expand relationships with private treatment providers

Further Recommendations

- Obtain stakeholder feedback to system plan
 - Harford County Health Department's Division of Addiction Services staff
 - Harford County Mental Health, Alcohol, and Drug Abuse Advisory Council
 - Circuit and district court judges
 - Legislators
 - Public Comment period
- Support requests to County Executive, state agencies, and foundations for increased treatment funding

Further Recommendations

- Legislative advocacy
 - Work-force development for counseling professionals
 - Medicaid incentives to increase private provider participation

QUESTIONS AND COMMENTS?

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